d December 1974 14543 **CALIFORNIA LIQUID WASTE HAULER RECORD** 227- 16873

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

DUCER OF WASTE (Must be filled by producer)

e Douglas Aircraft (PRINT OR TYPE) CODE NO.

up Address: 190th & Normandie, Torrance (NUMBER) (STREET) (CITY)

phone Number: ( ) P.O. or Contract No. C6-700-80-OPC-0

r Placed By: Same Date: 9-8-80

of Process h Produced Wastes: Aircraft mfg. CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling — wastewater treatment, pickling bath, petroleum refining)

CRIPTION OF WASTE (Must be filled by producer)

k type of wastes:

. ☐ Acid solution	6. ☐ Tetraethyl lead sludge	11. ☐ Contaminated soil and sand
. ☐ Alkaline solution	7. ☐ Chemical toilet wastes	12. ☐ Cannery waste
. ☐ Pesticides	8. ☐ Tank bottom sediment	13. ☐ Latex waste
. ☐ Paint sludge	9. ☐ Oil	14. ☑ Mud and water
. ☐ Solvent	10. ☐ Drilling mud	15. ☐ Brine

ther (Specify) CODE NO.

ponents:

mples: Hydrochloric acid, lime, caustic soda, olics, solvents (list), metals (list), nics (list), cyanide)	Concentration: Upper	Lower	%	ppm
mud		3	✓	
Water	97		✓	

ardous Properties of Waste:

pH 8 ☑ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

x Volume: 100 ☐ gal ☐ tons ☑ barrels (42 gal.) ☐ other (SPECIFY)

tainers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

sical State: ☐ solid ☑ liquid ☐ sludge ☐ other (SPECIFY)

ial Handling Instructions (if any): none

waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if icable).

tify (or declare) under penalty of perjury the foregoing is true and correct.

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

CODE NO.

Pick Up: 9-8-80 (DATE) Time: ☐am ☐pm

State Liquid Waste Hauler's Registration No. (if applicable): 227

Job No.: 14809 No. of Loads or Trips: 1 Unit No. 11

Vehicle: ☑ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC.
2425 So. Garfield Ave.
Monterey Park, Calif. 91754

Name (print or type): CODE NO.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☐ disposal (specify): ☐ pond ☐ spreading ☑ landfill ☐ injection well

☐ other (specify): CODE NO.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9/22/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BOE-C6-0120232

DISPOSAL - STATE COPY